

COMBINED DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO

As a below named inventor, I/we hereby declare that:

My/our residence, post office address and citizenship are as stated below next to my/our name. I/we believe I am/we are the original, first and sole/joint inventor/s of the subject matter which is claimed and for which a patent is sought on the invention entitled

SUBSTITUTED ALKYL URACILS AND THE USE THEREOF

the specification of which is attached hereto,

or was filed on **January 3, 2003**

as a PCT Application Serial No. **PCT/EP03/00027**

I/we hereby state that I/we have reviewed and understand the contents of the above-identified specification, including the claims.

I/we acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I/we hereby claim priority benefits under Title 35, United States Code, §119 and § 119(e)(1) of any foreign and/or U.S. provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

✓ 102 01 240.7	Germany	January 15, 2002
(Number)	(Country)	(Month/Day/Year Filed)

I/we hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I/we acknowledge the duty to disclose the material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

I/we hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Le A 35 823-US

S

POWER OF ATTORNEY: As a co inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Jeffrey M. Greenman, Reg. No. 26,552
 Barbara A. Shimei, Reg. No. 29,862
 William F. Gray, Reg. No. 31,018
 Alice A. Brewer, Reg. No. 32,888
 Jerrie L. Chiu, Reg. No. 41,670
 Susan M. Pellegrino, Reg. No. 48,972

all of Bayer Corporation, 400 Morgan Lane, West Haven, Connecticut 06516

Send Correspondence To: <u>Mr. Jeffrey M. Greenman</u> <u>Bayer Corporation</u> <u>400 Morgan Lane</u> <u>West Haven, Connecticut 06516</u>	Direct Telephone Calls To: (203)812-3964(Jerrie L. Chiu)
---	---

1-00	FULL NAME OF SOLE OR FIRST INVENTOR <u>Barbara Albrecht</u>	INVENTOR'S SIGNATURE <i>Barbara Albrecht</i>	DATE <u>24.6.04</u>
	RESIDENCE <u>D 42289 Wülfrath, Germany DEX</u>	CITIZENSHIP German	
	POST OFFICE ADDRESS <u>c/o Bayer HealthCare AG, D 51368 Leverkusen, Germany</u>		
2-00	FULL NAME OF SECOND INVENTOR <u>Michael Gerisch</u>	INVENTOR'S SIGNATURE <i>Michael Gerisch</i>	DATE <u>01.07.04</u>
	RESIDENCE <u>D 42115 Wuppertal, Germany DEX</u>	CITIZENSHIP German	
	POST OFFICE ADDRESS <u>c/o Bayer HealthCare AG, D 51368 Leverkusen, Germany</u>		
3-00	FULL NAME OF THIRD INVENTOR <u>Michael Härter</u>	INVENTOR'S SIGNATURE <i>Michael Härter</i>	DATE <u>2004-06-22</u>
	RESIDENCE <u>D 51375 Leverkusen, Germany DEX</u>	CITIZENSHIP German	
	POST OFFICE ADDRESS <u>c/o Bayer HealthCare AG, D 51368 Leverkusen, Germany</u>		
4-00	FULL NAME OF FOURTH INVENTOR <u>Thomas Krahn</u>	INVENTOR'S SIGNATURE <i>Thomas Krahn</i>	DATE <u>2004-06-22</u>
	RESIDENCE <u>D 58135 Hagen, Germany DEX</u>	CITIZENSHIP German	
	POST OFFICE ADDRESS <u>c/o Bayer HealthCare AG, D 51368 Leverkusen, Germany</u>		
5-00	FULL NAME OF FIFTH INVENTOR <u>Felix Oehme</u>	INVENTOR'S SIGNATURE <i>Felix Oehme</i>	DATE <u>2004-07-06</u>
	RESIDENCE <u>D 42115 Wuppertal, Germany DEX</u>	CITIZENSHIP German	
	POST OFFICE ADDRESS <u>c/o Bayer HealthCare AG, D 51368 Leverkusen, Germany</u>		
6-00	FULL NAME OF SIXTH INVENTOR <u>Karl-Heinz Schlemmer</u>	INVENTOR'S SIGNATURE <i>Karl-Heinz Schlemmer</i>	DATE <u>01.07.04</u>
	RESIDENCE <u>D 42113 Wuppertal, Germany DEX</u>	CITIZENSHIP German	
	POST OFFICE ADDRESS <u>c/o Bayer HealthCare AG, D 51368 Leverkusen, Germany</u>		
7-00	FULL NAME OF SEVENTH INVENTOR <u>Henning Steinhagen</u>	INVENTOR'S SIGNATURE <i>Henning Steinhagen</i>	DATE <u>01.09.04</u>
	RESIDENCE <u>D 65843 Sulzbach, Germany DEX</u>	CITIZENSHIP German	
	POST OFFICE ADDRESS <u>Im Kirschengarten 11, 65843 Sulzbach, Germany</u>		

Le A 35 823-US

BEST AVAILABLE COPY